

County Letterhead

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Child:  
Parent(s):  
Address:

Dear \_\_\_\_\_ :

Under the Consolidated Omnibus Reconciliation Act of 1985, P.L. 99-272, the North Carolina Division of Medical Assistance is required to provide Medicaid to those children who are living in North Carolina who have been determined eligible for foster care or adoption assistance under Title IV-E in another state.

Effective \_\_\_\_\_ North Carolina will provide Medicaid coverage to the above named child as we have verified he/she is eligible for IV-E Adoption Assistance/IV-E Foster Care Assistance from your state. Please notify us immediately of any change in this child's IV-E status.

Sincerely,

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(Worker)

